

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to cancel Class C Non-Emergency
Certificate

Williston Rescue Squad, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 384 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas A. Williams



Telephone:

803-266-7019

Address: PO Box 151



Fax:

803-266-7701

800 Rescue Squad Blvd



Other:

Williston, SC 29553



Email:

williamsta@willistonrescue.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: AUGUST 30, 2012

Please consider this a request to cancel my:

- | | |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate | |
| <input type="checkbox"/> Class C Charter Bus Certificate | |
| <input checked="" type="checkbox"/> Non-Emergency Certificate | |
| <input type="checkbox"/> Class E Household Goods Certificate | |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate | |

My Certificate Number is

8044

Williston Rescue Squad, Inc.

(Name of Company)

DBA

N/A
(If applicable)

⊗ 80 Rescue Squad Blvd
 (Street Address)

⊗ PO Box 151
 (Mailing Address if different from Street Address)

⊗ Williston, SC 29553
 (City, State, Zip Code)

⊗ Williston, SC 29553
 (City, State, Zip Code)

⊗ 803-266-7019
 (Telephone Number)

⊗ [Signature]
 (Signature)

⊗ Transport Supervisor
 (Title) Owner, President, etc.